

PTO/SB/52 (06-03)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEEDocket Number (optional)
1718-0214P

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: MEDIVIR ABand the title of my position with said assignee is: CEO & President

and the title of my position with said assignee is: _____

The entire title to the patent identified below is vested in said assignee.

| | |
|---|------------------------------|
| Inventor Johan Georg HARMENBERG | Citizenship SWEDEN |
|---|------------------------------|

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| Residence/Mailing Address Karlvagen 94, S-115 22 Stockholm, SWEDEN | |
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| Inventor Ann Harriet Margareta KRISTOFFERSON | Citizenship SWEDEN |
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| Residence/Mailing Address Majtorpsvagen 8, S-152 70 Sodertalje, SWEDEN | |
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 Additional Inventors are named on separately numbered sheets attached hereto.

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|----------------------------|---|
| Patent 6,337,324 | Date of Patent Issued January 8, 2002 |
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|---|--|
| Title of Invention PHARMACEUTICAL COMBINATION | |
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I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:
PHARMACEUTICAL COMBINATION

the specification of which

 is attached hereto. was filed on _____ as reissue application number _____
and was amended on _____

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

 I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.

I verify believe the original patent to be wholly or partly Inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/52 (08-03)

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| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE | | Docket Number (Optional) 1718-0214P |
| <p>At least one error upon which reissue is based is described as follows:</p> <p>Claim 1 is too broad and should be amended as shown in the accompanying Amendment under 37 CFR 1.173(b).</p> | | |
| <p>[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> | | |
| <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact</p> | | |
| Name(s) | Registration Number | |
| Leonard R. Svensson | #30,330 | |
| Susan W. Gorman | #47,604 | |
| <p>Correspondence Address: Direct all communications about the application to:</p> | | |
| <input checked="" type="checkbox"/> Customer Number | 02292 | |
| <p>OR</p> | | |
| <input type="checkbox"/> Firm or Individual Name | | |
| Address | | |
| Address | | |
| City | State | Zip |
| Country | | |
| Telephone | Fax | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p> | | |
| <p>Full name of person signing (given name, family name) Lars Adlersson</p> | | |
| Signature <i>Lars Adlersson</i> | Date 2 February 2004 | |
| <p>Address of Assignee Lunastigen 7, S-141 44 Huddinge, SWEDEN</p> | | |

PTO/SB/53 (05-03)

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| REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT | | Docket Number (Optional) 1718-0214P |
| <p>This is part of the application for a reissue patent based on the original patent identified below.</p> <p>Name of Patentee(s) Johan Georg HARMENBERG; Ann Harriet Margareta KRISTOFFERSON</p> | | |
| Patent Number 6,337,324 | Date Patent Issued January 8, 2002 | |
| Title of Invention PHARMACEUTICAL COMBINATION | | |
| <p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/86)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the Inventor(s), and no assignment of the patent is in effect.</p> | | |
| <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p> | | |
| <p>The assignee(s) owning an undivided interest in said original patent is/are MEDIVIR AB and the assignee(s) consents to the accompanying application for reissue.</p> | | |
| <p>Name of assignee/inventor (if not assigned) MEDIVIR AB</p> | | |
| Signature  | Date 2 February 2004 | |
| <p>Typed or printed name and title of person signing for assignee (if assigned)</p> <p>Lars Adlersson CEO & President</p> | | |

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O.Box 1450, Alexandria, VA 22313-1450.

Attorney Docket No. 1718-0214P

PTO/SB/88 (08-03)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: MEDIVIR ABApplication No./Patent No.: 6,337,324Filed/Issue Date: January 8, 2002Entitled: **PHARMACEUTICAL COMBINATION**MEDIVIR AB, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or2. an assignee of less than the entire right, title and interest.The extent (by, percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: Johan Hermansson; Ann H.M. Kristoffersson To: ASTRA AKTIEBOLAGThe document was recorded in the United States Patent and Trademark Office at
Reel 008827 Frame 0772, or for which a copy thereof is attached.2. From: ASTRA AKTIEBOLAG To: ASTRAZENECA ABThe document was recorded in the United States Patent and Trademark Office at
Reel 011931 Frame 0228, or for which a copy thereof is attached.3. From: ASTRAZENECA AB To: MEDIVIR ABThe document was recorded in the United States Patent and Trademark Office at
Reel 011938 Frame 0899, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet.

[] Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to
Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See
MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2 February 2004

Date

011-46-8-5468-3117

Telephone number

Lars Adlerson

Typed or printed name

+ a r c u l u

Signature

CEO & President

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETE FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No. 1718-0214P

4. From: ASTRAZENECA AB To: MEDIVIR AB
The document was recorded in the United States Patent and Trademark Office at
Reel 011965, Frame 0237, or for which a copy thereof is attached.